

SEWAGE PUMPER VEHICLE INSPECTION REPORT**Seattle-King County
Department of Public Health**Date _____ Inspected By _____
Health Department Representative (print name)

Name of any owner or representative present during inspection _____

Name of Applicant _____

Name of Firm _____ Address _____

Telephone(____) _____ City _____ Zip _____

Address where vehicles are stored _____

COLLECTION VEHICLES:

	Make and Model	License Number	METRO # (if applicable)	Capacity in Gallons	Construction of Tank	Type of Sludge Release Outlet
1						
2						
3						
4						
5						

EQUIPMENT INFORMATION:

Record information on each vehicle regarding license number, type of tank or container, vehicle and tank condition, sludge release outlet (location, type, avoids splattering), sludge pump (kind), provision for spill avoidance, cleanup, gauge to indicate contents, pump and hose (how cleaned?), cleaning hose carried? Cleanliness of equipment.

Equipment		Vehicles					Remarks: Complete if any item for any vehicle is not marked "ok" in columns at left
		1	2	3	4	5	
Tank Container	Leakproof, no dents or corrosion						
Tank Cover	Tightfitting, spillproof						
Release Valve and Hose	Valve, hose, fittings good, no leaks						
Overfill Protection	Positive check valve present or contents level gauge						
Level Indicator	Recommended, but not required if check valve used						
Pump	Type, condition (able to handle septage without intake strainer)						
General Cleanliness	Clean, provision for spill cleanup						
KC #	Clearly legible						
Company Name	Clearly legible						

Seattle-King County

Additional remarks and/or corrections:

If truck is used only for storage or transport to disposal site:

1. Describe how and where sludge transfer from pumper truck to this truck is done
2. Describe precautions taken to minimize and contain spills
3. License number of truck

Recommended for: Approval ☐

Disapproval ☐

District Health Center

Sanitarian's Signature _____ Date _____